

Case Number:	CM15-0021951		
Date Assigned:	02/11/2015	Date of Injury:	01/20/2010
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male who reported an injury on 01/20/2010. The mechanism of injury was the injured worker opened a door to check the crash cart and slipped on a large pool of water and his left ankle lugged forward and hit the crash cart and the injured worker fell backwards. The prior studies included a CT of the lumbar spine, EMG, and MRI. Prior surgical history included bilateral knee surgery and cervical fusion. Other therapies included physical therapy, aquatic therapy, and radiofrequency ablation. The documentation of 12/01/2014 revealed the injured worker continued to have neck and low back pain and left leg pain with ongoing pain increasing with activity. The injured worker was noted to have seen the AME which suggested more psych treatments. The injured worker presented with back pain. The injured worker's medications included naproxen sodium 550 mg 1 tablet by mouth twice a day as needed night, Colcrys oral, and Protonix 20 mg tablets. The physical examination revealed the injured worker had pain in the S1 distribution, painful midline and painful paraspinal muscles and normal strength. The injured worker had a tender left paralumbar and tender right paralumbar. The diagnoses included low back pain, lumbago, cervicgia, and cervical pain. The treatment plan included a pain psychologist for 10 visits to help with anxiety. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain Psychology Sessions QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone psychological treatment. However, there was a lack of documentation of objective functional benefit and the quantity of sessions attended. There was a lack of documentation of objective findings upon physical examination or subjective complaints to support the necessity for psychology treatment. The request for 10 visits would be excessive. Given the above, and the lack of documented rationale, the request for pain psychology sessions QTY: 10.00 is not medically necessary.